

Findings from

Periodic Survey of Fellows #52:

PEDIATRICIANS' ATTITUDES TOWARD AND EXPERIENCES WITH DIRECT-TO-CONSUMER ADVERTISING (DTCA) OF PRESCRIPTION DRUGS

Introduction:

This survey addressed pediatricians' attitudes toward and experiences with direct-to-consumer advertising (DTCA) of prescription drugs. While DTCA of prescription drugs is commonplace, the debate continues as to the effect of such advertisements on consumer education about health conditions, patients' health outcomes, and the doctor-patient relationship. This survey was initiated by the Committee on Drugs (COD) to explore the extent to which pediatricians encounter inquiries from patients about direct-to-consumer advertised drugs and their opinions on the impact of DTCA of drugs. Findings will be used to inform future AAP policy in this area and guide decisions associated with the scope and type of advertising within AAP consumer/member publications.

Methodology:

This survey was the fifty-second in a series of Periodic Surveys of Fellows conducted by the American Academy of pediatrics. Periodic Surveys on topics of importance to pediatricians are conducted three to four times per year, each using a unique random sample of Fellows of the AAP (FAAPs). Periodic Survey #52 was an eight-page self-administered questionnaire sent to 1,626 active United States members. The survey also contained questions on pediatricians' attitudes toward and experiences with pediatric hospitalists. The original mailing and five follow-up mailings to recontact nonrespondents were conducted from April through August 2002. An introductory letter from the Executive Director of the Academy and a business-reply return envelope accompanied each questionnaire. After six mailings we received a total of 965 completed questionnaires for a response rate of 59.3%.

Respondents were provided with the following definition/instruction on the survey questionnaire:

"The following questions refer to pharmaceutical advertisements for prescription drugs in the popular media (ie, radio, TV, print or Internet ad). They do not refer to information about medical conditions, diseases or drugs that parents/patients may obtain from Internet or library sources."

The characteristics of respondents are consistent with those of previous recent Periodic Surveys and the AAP US active membership. See Appendix A for details on the characteristics of respondents.

Data Analysis:

Item response varies throughout the survey. The percentage response to answer categories on each survey question is based on the total number of pediatricians who responded to that particular question. Missing responses (ie, eligible respondents who chose not to answer a particular question) are not included in the calculation. The actual number of respondents to any given question are noted on the tables as "n=" and unless otherwise noted serve as the denominator for the percentages shown.

The responses to the series of questions on DTCA are based on 877 pediatricians who provide direct patient care; this represents 90.9% of all responding pediatricians.

Summary:

While pediatricians agree DTCA may serve to educate consumers, to provide a basis for doctor/patient discussion, and to encourage patients to be more proactive regarding their health care, most pediatricians are concerned about the overall effect of DTCA on doctor/patient relationships, patient expectations, and health outcomes. In addition, most do not think the AAP should accept prescription drug advertisements in AAP publications directed towards parents.

- Overall, 58% of pediatricians say they have had parents or patients during the six months prior to the survey who requested treatment for a medical condition for which the patient had not been diagnosed or asked about a change in treatment for an established diagnosis as a result of DTCA of prescription drugs. Four out of 10 pediatricians say parents/patients have asked them to interpret or explain a drug advertisement.
- Most pediatricians (56%) have had patients request a specific drug or class of drugs; 75% of these pediatricians say such requests have resulted in their prescribing the requested drug about 41% of the time.
- Nearly half (45%) feel at least somewhat pressured to prescribe requested drugs and about 37% feel only minimal pressure to do so, while 18% feel no pressure.
- Overall, 42% of pediatricians say patients' awareness of available prescription drugs or medical conditions as a result of DTCA has had no effect on the quality of care in their practice; 40% feel it is detrimental to the quality of care, while only 18% feel it enhances care.
- Many pediatricians agree DTCA offers a mechanism to educate patients about health conditions and possible treatments (42%), induces patients to seek care for previously undiagnosed and untreated conditions (46%), and encourages patients to take a more active role in their health care (52%).
- About one-third of pediatricians (34%) think DTCA causes unnecessary office visits; 60% think there is insufficient time in office visits to explain or interpret DTC drug advertising; and, 71% do not think DTCA leads to better treatment choices and care.
- Most pediatricians believe DTCA diminishes the doctor-patient relationship by promoting products prescribed by the manufacturers (53%), encourages physicians to issue prescriptions for these drugs (55%), and leads patients to question physician competence when advertising messages conflict with professional advice (61%) or responsiveness if requested drugs are not prescribed (60%).
- Most pediatricians (59%) do not think AAP publications directed towards parents should accept any DTC advertisements, while 27% think only advertisements for drugs labeled for pediatric patients should be accepted and 5% say the AAP should accept all DTC drug advertisements.

Results:

PATIENT-PARENT INQUIRIES AS A RESULT OF DTCA

- More than half of pediatricians (53.9%) say they have had a parent or patient ask them about a change in treatment for an established diagnosis as a result of a direct-to-consumer advertisement (DTCA) for a prescription drug during the six months prior to the survey.
- About one-third of pediatricians (34.0%) say, as a result of DTCA, they have had a parent or patient request treatment for a medical condition for which the patient had not been diagnosed.
- Four out of 10 pediatricians (40.5%) say they have had a parent or patient ask them to interpret or explain a drug advertisement during the past 6 months.

Table 1. Patient Inquiries During the Past 6 Months as a Result of Direct-to-Consumer Advertisement (DTCA) for Prescription Drugs: (n=859)

	<u>Percent of Pediatricians Reporting</u>		
	Yes	No	Unsure
Asked about a change in treatment for an established diagnosis.....	53.9	42.6	3.5
Requested treatment for a medical condition for which the patient had not been diagnosed.....	34.0	59.7	6.3
Asked for an interpretation or explanation of a drug advertisement.....	40.5	55.5	4.1

PATIENT-PARENT INQUIRIES AS A RESULT OF DTCA BY PRACTICE CHARACTERISTICS

Reported patient-parent inquiries vary by pediatricians' practice characteristics: (*see Appendix B*)

- More generalists than subspecialists say they have had patients ask about a change in treatment for an established diagnosis as a result of DTCA of prescription drugs (61.3% v 35.7%, $p < .001$). Pediatricians in solo or group practices, those in suburban and rural practices and those with fewer than half of their patients covered by Medicaid are more likely than their counterparts to report patients so inquiring (58.7% solo v 66.0% group v 41.6% hospital/clinic, $p < .001$) (44.3% inner city v 45.1% urban v 64.5% suburban v 63.1% rural, $p < .001$) (46.3% $\geq 50\%$ Medicaid patients v 61.9% $< 50\%$ Medicaid patients, $p < .001$).
- Compared to their counterparts, younger pediatricians and those who spend most of their time in General Pediatrics are more likely to report patients have requested treatment for an undiagnosed medical condition (39.1% $< 43y$ v 28.1% $\geq 43y$, $p < .01$ and 39.2% Generalists v 22.4% Subspecialists, $p < .001$). Pediatricians in solo or group practices, those in rural practices and those with fewer Medicaid patients are also more likely than their counterparts to report patients requesting treatment for undiagnosed conditions (38.0% solo v 38.1% group v 30.1% hospital/clinic, $p < .05$) (34.6% inner city v 29.5% urban v 32.8% suburban v 46.4% rural, $p < .05$) (33.6% $\geq 50\%$ Medicaid patients v 36.6% $< 50\%$ Medicaid patients, $p < .01$).
- Compared to their counterparts, younger pediatricians and those who spend most of their time in General Pediatrics are more likely to report patients have asked for explanations/interpretations of a drug advertisement (43.7% $< 43y$ v 36.8% $\geq 43y$, $p < .01$ and 44.2% Generalists v 32.4% Subspecialists, $p < .01$). Pediatricians in solo or group practices, those in suburban and rural practices and those with fewer Medicaid patients are also more likely than their counterparts to report patients so inquiring (45.1% solo v 45.9% group v 34.6% hospital/clinic, $p < .05$) (35.4% inner city v 33.9% urban v 46.5% suburban v 48.8% rural, $p < .01$) (37.8% $\geq 50\%$ Medicaid patients v 45.2% $< 50\%$ Medicaid patients, $p < .05$).

PATIENT-PARENT REQUESTS FOR SPECIFIC DRUGS AS A RESULT OF DTCA

- More than half of pediatricians (55.9%), during the six months prior to the survey, have had a patient or parent request a specific drug or class of drugs as a result of DTCA.

Table 2. Patient Requests During the Past 6 months for Specific Drugs or Class of Drugs as a Result of Direct-to-Consumer Advertisements (n=854)

<u>Percent of Pediatricians Reporting</u>	
Yes	55.9
No	39.0
Unsure	5.2

→

Average number of requests (n=453): 11.8
Median number of requests (n=453): 5.0

Most frequently named class of drug (n=344):

Antihistamines	31%
Antibiotics	13%
Allergy medications	13%
Stimulants (ADD/ADHD)	10%

See Appendix C for complete list

There is variation in the proportion of pediatricians reporting patient requests for specific drugs or class of drugs by pediatricians' practice characteristics: (see *Appendix B*)

- More generalists than subspecialists say they have had patients request a specific drug or class of drug as a result of DTCA of prescription drugs (64.5% v 35.4%, $p < .001$). Pediatricians in solo or group practices, those in suburban and rural practices and those with fewer than half of their patients covered by Medicaid are more likely than their counterparts to report patients so requesting (66.7% solo v 69.0% group v 41.6% hospital/clinic, $p < .001$) (42.6% inner city v 48.9% urban v 66.6% suburban v 72.3% rural, $p < .001$) (47.2% $\geq 50\%$ Medicaid patients v 66.3% $< 50\%$ Medicaid patients, $p < .001$).

FREQUENCY OF PRESCRIBING REQUESTED DRUGS AS A RESULT OF DTCA

- Among pediatricians who say patients have requested a specific drug or class of drugs during the six months prior to the survey (n=474), 75.9% say such requests have resulted in their prescribing the requested drug. These pediatricians report prescribing a requested drug an average of 40.8% of the time.
 - Generalists report prescribing requested drugs more frequently than subspecialists: 32.9% of the time for generalists compared to 23.4% of the time for subspecialists ($p<.01$).
 - Compared to their counterparts, pediatricians in group practices, those in suburban and rural practices, and those with fewer than half of their patients covered by Medicaid report prescribing requested drugs with more frequency (27.9% solo v 36.4% group v 24.7% hospital/clinic, $p<.01$) (24.8% inner city v 28.3% urban v 33.8% suburban v 37.0% rural, $p<.05$) (27.1% $\geq 50\%$ Medicaid patients v 33.7% $<50\%$ Medicaid patients, $p<.05$).
- About one-fourth of pediatricians (24.1%) who have had patients request a specific drug or class of drugs and who did not prescribe the requested drug, say patients/parents have tried to persuade them to change their mind about prescribing the drug.
 - More younger than older pediatricians say patients/parents have tried to persuade them to change their mind about prescribing a requested drug when the request was denied (27.5% of pediatricians <43 years compared to 19.6% of pediatricians ≥ 43 years, $p<.05$).
- Nearly half of pediatricians (44.8%) say they feel pressure to prescribe requested drugs (5.5% say feel great pressure and 39.3% say they feel some pressure); 36.8% say they feel only minimal pressure to do so and 18.4% feel no pressure to prescribe requested drugs.
 - Younger pediatricians and generalists say they feel more pressure to prescribe requested drugs than their counterparts: 43.9% of pediatricians $<43y$ v 46.0% of those $\geq 43y$ say great/some pressure, 41.1% v 32.5% say a little pressure and 15.0% v 21.5% say no pressure, $p<.01$; 47.6% of generalists v 36.6% of subspecialists say great/some pressure, 37.2% v 35.0% say a little pressure and 15.2% v 28.4% say no pressure, $p<.001$.

DTCA'S EFFECT ON QUALITY OF CARE

- Overall, 39.1% of pediatricians say parents/patients' awareness of available prescription drugs or medical conditions as a result of DTCA has had no effect on the quality of care in their practice; 37.3% feel it is detrimental to the quality of care, while only 16.8% feel it enhances care.

Table 3. Pediatricians' Opinion on DTCA's Effect on Quality of Care in Practice (n=851)

	<u>Percent of Pediatricians Reporting</u>
Has had no effect on quality of care	39.1
Greatly enhances quality of care	0.9
Somewhat enhances quality of care	15.9
Somewhat detracts from quality of care	31.8
Greatly detracts from quality of care	5.5
Do not think patients are aware of DTCA	6.7

There is no variation in pediatricians' opinion on the effect of prescription drug advertising on quality of care in practice by practice characteristics.

PEDIATRICIANS' ATTITUDES TOWARD DTCA

- Many pediatricians agree DTCA encourages patients to take a more active role in their health care (52.3%), induces patients to seek care for previously undiagnosed and untreated conditions (45.7%), and offers a mechanism to educate patients about health conditions and possible treatments (41.7%). About 3 out of 10 pediatricians are undecided about the effect of DTCA on these actions.
- About one-third of pediatricians (34.3%) think DTCA causes unnecessary office visits, 27.1% disagree, and 38.7% have no opinion. Six out of 10 pediatricians (59.7%) do not think there is enough time in office visits to explain or interpret DTC drug advertising to patients. Seven out of ten pediatricians (70.9%) do not think DTCA leads to better treatment choices and care and 25.8% are unsure.
- Most pediatricians believe DTCA diminishes the doctor-patient relationship by promoting products "prescribed" by manufacturers (53.2%), encourages physicians to issue prescriptions for these drugs (55.2%), and leads patients to question physician responsiveness if requested drugs are not prescribed (59.8%) or competence when advertising messages conflict with professional advice (60.9%).

Table 4. Pediatricians' Attitudes Toward Direct-to-Consumer Advertising of Prescription Drugs
(n=799)

	<u>Percent of Pediatricians Reporting</u>		
	Agree	Neutral	Disagree
Effect on Patient Behavior:			
DTCA encourages patients to take a more active role in their health care	52.3	29.3	18.4
DTCA induces patients to seek care for previously undiagnosed and untreated conditions	45.7	32.9	21.4
DTCA offers a mechanism to educate patients about health conditions and possible treatments	41.7	26.9	31.4
Effect on Practice Behavior:			
DTCA causes unnecessary office visits	34.3	38.7	27.1
There is sufficient time in most office visits to explain/interpret DTC drug advertising	21.5	18.8	59.7
DTCA leads to better treatment choices and care	3.3	25.8	70.9
Effect on Doctor-Patient Relationship:			
DTCA diminishes the doctor-patient relationship by promoting products "prescribed" by the manufacturers	53.2	24.6	22.2
Patient expectations (or the perception of patient expectations) encourage physicians to issue prescriptions for DTC advertised drugs	55.2	25.7	19.0
When physicians do not prescribe the drug a patient has requested as a result of DTCA, patients may feel the physician is not responsive to them	59.8	18.1	22.1
Patients may question the physician's competence when advertising messages conflict with professional advice	60.9	18.8	20.4

PEDIATRICIANS' ATTITUDES TOWARD DTCA BY PRACTICE CHARACTERISTICS

There is variation in pediatricians' opinions regarding the effect of direct-to-consumer prescription drug advertising on practice behavior and the doctor-patient relationship by personal and practice characteristics: (see *Appendix D*)

Effect on Practice Behavior:

- Subspecialists are more likely than generalists to be uncertain about whether DTCA causes unnecessary office visits (35.3% generalists v 47.0% subspecialists are "neutral"); 29.8% generalists v 19.4% subspecialists do not think DTCA causes unnecessary visits, while an equal proportion of generalists and subspecialists think it does [34.9% and 33.6%], $p < .01$). Pediatricians with a high proportion of patients covered by Medicaid ($\geq 50\%$) are more likely than those with a low proportion ($< 50\%$) to be unsure about DTCA's effect on office visits (42.5% compared to 35.3% are "neutral"); 20.9% v 30.0% do not think DTCA causes unnecessary office visits, while 36.6% of pediatricians with a high proportion of Medicaid patients compared to 34.7% of those with fewer Medicaid patients think it does ($p < .05$).
- Generalists are more likely to say there is NOT sufficient time in office visits to explain/interpret DTC drug advertising to patients (62.4% generalists v 52.6% subspecialists, $p < .01$). More young than older pediatricians say there is not sufficient time to discuss DTCA during office visits (63.8% $< 43y$ v 55.3% $\geq 43y$, $p < .05$).
- Generalists are also more likely to disagree that DTCA leads to better treatment choices and care (72.9% generalists v 67.3% subspecialists, $p < .05$).

Effect on Doctor-Patient Relationship:

- Pediatricians in hospital/clinic practices are less likely than those in other practice settings to believe DTCA diminishes the doctor-patient relationship by promoting products "prescribed" by the manufacturers (54.8% solo v 57.4% group v 49.6% hospital/clinic, $p < .05$).
- Pediatricians in group practices are more likely than those in other settings to think patient expectations encourages physicians to issue prescriptions for DTC advertised drugs (49.6% solo v 62.5% group v 51.3% hospital/clinic, $p < .01$). Generalists compared to subspecialists and pediatricians with less than half of their patients covered by Medicaid compared to those with a high proportion of Medicaid patients are more likely to say DTCA encourages physicians to issue prescriptions for these drugs (56.8% v 50.2%, $p < .01$, and 59.2% v 50.0%, $p < .05$, respectively).
- Younger pediatricians and pediatricians in hospital/clinic practices are more likely to think that if a requested drug is not prescribed, patients may feel the physician is not responsive to them (64.4% of pediatricians $< 43y$ v 54.8% of those $\geq 43y$, $p < .05$) (49.6% solo v 61.6% group v 66.5% hospital/clinic, $p < .05$).
- More younger than older pediatricians think patients may question the physician's competence when advertising messages conflict with professional advice (65.9% v 55.2%, $p < .01$).

PEDIATRICIANS' ATTITUDES TOWARD DTCA REGRULATORY ISSUES

- Two-thirds of pediatricians (65.8%) do not think the risk/benefit information presented in DTCA of prescription drugs is well balanced and 25.8% are unsure. A similar proportion (64.9%) believe DTCA should be prescreened and approved by a governmental regulatory body, while 23.1% are unsure. A large majority of pediatricians (85.7%) think FDA advertising guidelines should require that consumers be given information on drug indications and efficacy as well as the risks/benefits.

Table 5. Pediatricians' Attitudes Toward Regulatory Issues Surrounding Direct-to-Consumer Advertisements of Prescription Drugs (n=799)

	Percent of Pediatricians Reporting		
	Agree	Neutral	Disagree
Regulatory issues:			
In general, the risk/benefit information presented in DTCA of prescription drugs is well-balanced	8.4	25.8	65.8
DTCA should be prescreened and approved by a governmental regulatory body	64.9	23.1	12.0
FDA advertising guidelines/rules should require that consumers be given information on drug indications and efficacy as well as benefits and potential adverse effects	85.7	10.3	4.0

There is little variation in pediatricians' opinion regarding regulatory issues surrounding direct-to-consumer prescription drug advertising by pediatricians' practice characteristics.

PEDIATRICIANS' ATTITUDES TOWARD DTCA IN AAP PUBLICATIONS

- Six out of 10 pediatricians (59.2%) do not think the AAP should accept any DTC drug advertisements in its publications directed towards parents. Twenty-seven percent say only those DTC advertisements of prescription drugs labeled for pediatric patients should be accepted in AAP parent publications, while 5.0% say all prescription drug advertisements should be accepted. Nine percent of pediatricians were uncertain about whether DTCA of prescription drugs should be in AAP parent publications.

Table 6. Pediatricians' Attitudes Regarding Direct-to-Consumer Advertisements of Prescription Drugs in AAP Parent Publications (n=855)

	<u>Percent of Pediatricians Reporting</u>
The AAP should not accept any DTC drug advertisements in publications directed toward parents	59.2
Only DTC advertisements labeled for pediatric patients should be accepted in AAP parent publications	27.0
The AAP should accept DTC advertisements for all drugs in publications directed toward parents	5.0
Only DTC advertisements labeled for adult patients should be accepted in AAP parent publications	0.1
No opinion	8.7

PEDIATRICIANS' ATTITUDES TOWARD DTCA IN AAP PUBLICATIONS BY PRACTICE CHARACTERISTICS

There is variation in pediatricians' opinion on direct-to-consumer prescription drug advertisements in AAP publications directed toward parents by practice setting and region of the country:

- Pediatricians in hospital/clinic practices are more likely, and those in solo practices are least likely, to say the AAP should NOT accept any DTC drug advertisements in publications directed toward parents.

Practice Setting: **	Accept	Not Accept
Solo/2-physician	47.0%	53.0%
Group/HMO	36.1%	63.9%
Hospital/Clinic	27.1%	72.9%

- Pediatricians in the Western region of the US are more likely than those in other regions to think the AAP should NOT accept any DTC drug advertisements in publications directed toward parents.

Region: *	Accept	Not Accept
West	24.7	75.3
Northeast	34.9	65.1
Midwest	35.9	64.1
South	40.8	59.2

* p<.05; **p<.01

Appendix A. Practice Characteristics of Pediatricians, PS# 52
(All Respondents, N=1626; RR=59.3%; April-August 2002)

<u>Professional Activity (n=937)</u>	% of Peds Reporting >1 hr/Wk	Mean No. Hrs/wk (Excludes "0")	Mean No. Hrs/wk (Includes "0")
Direct patient care (self-employed)	35.8	42.2	15.1
Direct patient care (not self-employed)	59.4	37.2	22.1
(DPC either self- or not self-employed)	90.7	41.0	37.2
Administration	45.6	9.3	4.2
Academic medicine	34.0	14.7	5.0
Research	15.9	10.9	1.7
Fellowship training	8.6	27.7	2.4
TOTAL HOURS/WEEK			50.6
<u>Currently in Residency Training Program (n=962)</u>	15.3		
<u>Provide DPC in any setting (n=965)</u>	90.9		
<u>Provide DPC in an office-based ambulatory setting</u> (% of all pediatricians, n=965)	67.8		
<u>Provide DPC in an office-based ambulatory setting</u> (% of pediatricians in DPC, n=867)	75.4		
<u>Primary Practice Setting (n=941)</u>			
Solo practice	7.9		
Two physician practice	6.1		
Pediatric group practice:			
3-10 pediatricians	22.4		
> 10 pediatricians	4.1		
Multispecialty group practice	9.2		
Health Maintenance Organization (staff model)	2.0		
Medical School (or parent university)	20.0		
Nongovernment hospital	12.0		
City/county/state government hospital or clinic	3.8		
U.S. government hospital or clinic	1.8		
Nonprofit community health center	2.8		
Other	7.8		
	100%		
<u>Description of Practice Location (n=929)</u>			
Urban, inner city	28.1		
Urban, not inner city	26.9		
Suburban	34.8		
Rural	10.2		
	100%		
<u>Age of Pediatricians (n=954) Mean age = 43.3 years</u>			
< 43 years	52.1%		
≥ 43 years	47.9%		

Appendix A (continued)

Gender of Pediatricians (n=955)

Male	46.9%
Female	53.1%

<u>Time Spent in:</u>	<u>% of Peds Reporting >1% Time</u>	<u>% of Peds Reporting >51% Time</u>	<u>% of Peds Reporting >75% Time</u>	<u>Mean % of Time</u>
General Pediatrics (n=942)	75.7	63.9	60.5	65.0 (Includes value "0")
"0")				85.9 (Excludes value
Subspecialty area	47.2	31.8	30.0	35.0 (Includes value
"0")				
<u>Pediatric Subspecialties</u> (n=382)				
Adolescent medicine	3.4	1.3	1.3	58.2
Neonatology/Perinatology	13.9	11.5	11.5	84.7
Emergency medicine	9.2	7.9	7.3	87.3
Developmental/Behavioral	4.2	2.4	1.8	63.4
Critical Care	2.1	2.1	1.8	96.3
Infectious Disease	4.7	3.1	3.1	70.0
Allergy	3.4	2.9	2.6	84.6
Cardiology	4.2	4.2	4.2	99.7
Hematology/Oncology	2.4	2.1	2.1	89.4
Endocrinology	2.6	1.8	1.8	76.5
Pulmonology	1.0	1.0	1.0	97.5
Gastroenterology	2.1	1.8	1.8	93.8
Nephrology	.8	.8	.8	96.7
Sports medicine	.8	-0-	-0-	25.0
Rheumatology	.8	.8	.8	100.0
Surgery	2.6	2.6	2.6	100.0

Insurance Sources of Patients (n=760)

(10.2% of n=846 did not know patients insurance sources)

	%
Private or commercial insurance	52.2
Medicaid, SCHIP, other public insurance	38.5
Uninsured	6.7
Other	<u>2.6</u>

100.0

Payment Systems of Patients (n=588)

(29.9% of n=839 did not know patients payment systems)

	%
Managed care systems	70.8
Nonmanaged care systems	29.2

Appendix B. Pediatrician-Patient Interactions Resulting From Direct-to-Consumer Advertising (DTCA) of Prescription Drugs by Practice Characteristics (percent of pediatricians reporting)

	<u>Pediatrician Age</u>		<u>Practice Setting</u>			<u>Practice Area</u>				<u>Percent Time in General Pediatrics</u>		<u>Medicaid Patients</u>	
	<43y	≥43y	Solo	Group/	Hosp/	Inner	Urban	Sub-	Rural	≥50%	<50%	≥50%	<50%
	(N=453)	(N=400)	2-Phys	HMO	Clinic	(N=228)	(N=224)	urban	(N=84)	(N=609)	(N=237)	(N=286)	(N=462)
During past 6 months, patients:													
• Requested treatment for an un-diagnosed medical condition													
Yes	39.1	28.1**	38.0	38.1	30.1*	34.6	29.5	32.8	46.4*	39.2	22.4***	33.6	36.6**
No	55.8	64.3	53.7	54.3	65.9	61.4	64.7	58.2	47.6	54.0	72.2	62.6	54.5
Unsure	5.1	7.5	8.3	7.6	4.0	3.9	5.8	9.0	6.0	6.7	5.5	3.8	8.9
• Asked about a change in treatment for an established diagnosis													
Yes	57.5	49.6	58.7	66.0	41.6***	44.3	45.1	64.5	63.1***	61.3	35.7***	46.3	61.9***
No	39.2	46.6	38.0	30.8	54.4	51.8	51.8	32.4	31.0	35.2	60.5	50.2	34.7
Unsure	3.3	3.8	3.3	3.2	4.0	3.9	3.1	3.0	6.0	3.5	3.8	3.5	3.4
• Asked for explanation/interpretation of a drug advertisement													
Yes	43.7	36.8**	45.1	45.9	34.6*	35.4	33.9	46.5	48.8**	44.2	32.4**	37.8	45.2*
No	53.6	57.5	50.0	48.8	62.4	61.6	64.3	47.8	46.4	51.4	65.1	59.8	49.9
Unsure	2.6	5.8	4.9	5.3	3.0	3.1	1.8	5.6	4.8	4.4	2.5	2.4	4.9
• Requested a specific drug or class of drugs													
Yes	56.2	55.7	66.7	69.0	41.6***	42.6	48.9	66.6	72.3***	64.5	35.4***	47.2	66.3***
No	37.8	40.3	31.7	26.8	50.8	50.9	45.7	29.1	24.1	30.6	59.1	47.2	30.0
Unsure	6.0	4.1	1.7	4.1	7.7	6.5	5.4	4.4	3.6	5.0	5.5	5.6	3.7

*p≤.05; **p≤.01; ***p≤.001

Appendix D. Pediatricians' Attitudes Toward Direct-to-Consumer Advertising (DTCA) of Prescription Drugs by Practice Characteristics
(percent of pediatricians reporting)

	<u>Pediatrician Age</u>		<u>Practice Setting</u>			<u>Percent Time in General Pediatrics</u>		<u>Medicaid Patients</u>	
	<43y (N=453)	≥43y (N=400)	Solo 2-Phys (N=122)	Group/ HMO (N=342)	Hosp/ Clinic (N=298)	≥50% (N=609)	<50% (N=237)	≥50% (N=286)	<50% (N=462)
DTCA leads to better treatment choices and care									
Agree	3.1	3.5	3.4	1.5	5.2	2.1	6.0*	3.9	2.7
Neutral	27.3	23.4	25.0	24.5	27.9	25.0	26.7	26.8	23.3
Disagree	69.7	73.0	71.6	74.0	66.9	72.9	67.3	69.3	74.0
There is sufficient time in visit to explain/interpret DTCA									
Agree	19.0	24.0*	25.9	23.5	20.2	21.6	21.4**	18.7	32.1
Neutral	17.1	20.7	18.1	16.5	21.0	16.0	26.0	18.7	18.8
Disagree	63.8	55.3	56.0	60.1	58.8	62.4	52.6	62.7	58.1
DTCA causes unnecessary office visits									
Agree	33.6	35.6	37.9	34.8	34.2	34.9	33.6**	36.6	34.7*
Neutral	39.1	37.5	32.8	37.2	42.0	35.3	47.0	42.5	35.3
Disagree	27.3	26.9	29.3	28.0	23.8	29.8	19.4	20.9	30.0
Patient expectations encourage physicians to issue prescriptions for DTA advertised drugs									
Agree	57.3	53.0	49.6	62.5	51.3**	56.8	50.2**	50.0	59.2*
Neutral	25.6	26.1	24.3	20.7	30.9	22.7	33.6	29.5	21.5
Disagree	17.1	20.9	26.1	16.8	17.8	20.6	16.1	20.5	19.3
DTCA diminishes the doctor-patient relationship by promoting products "prescribed" by the manufacturers									
Agree	52.2	54.3	54.8	57.4	49.6*	54.4	50.7	53.5	55.0
Neutral	26.2	22.8	17.4	24.7	28.7	23.2	27.6	26.0	21.9
Disagree	21.6	22.8	27.8	17.9	21.6	22.3	21.7	20.5	23.1

Appendix D, continued

	<u>Pediatrician Age</u>		<u>Practice Setting</u>			<u>Percent Time in General Pediatrics</u>		<u>Medicaid Patients</u>	
	<43y (N=453)	≥43y (N=400)	Solo 2-Phys (N=122)	Group/ HMO (N=342)	Hosp/ Clinic (N=298)	≥50% (N=609)	<50% (N=237)	≥50% (N=286)	<50% (N=462)
If requested drug is not prescribed, patients may feel the physician is not responsive to them									
Agree	64.4	54.8*	49.6	61.6	66.5*	59.9	60.4	64.8	56.7
Neutral	16.4	19.9	24.3	16.5	16.0	18.0	18.0	17.0	18.4
Disagree	19.2	25.3	26.1	22.0	17.5	22.2	21.7	18.2	24.9
Patients may question the physician's competence when advertising messages conflict with professional advice									
Agree	65.9	55.2**	53.4	59.6	66.7	60.3	62.8	66.0	59.2
Neutral	16.7	20.9	24.1	18.7	16.9	17.9	21.4	16.2	18.6
Disagree	17.4	23.9	22.4	21.7	16.5	21.8	15.8	17.8	22.2

*p≤.05; **p≤.01; ***p≤.001

Appendix C. Drugs or Class of Drugs Requested by Patients/Parents as a Result of a Direct-to-Consumer Advertisement (Percent of Pediatricians Reporting)

<u>Drug/Class of Drugs</u>	<u>Number of Pediatricians</u>	<u>Percent Reporting</u>
Antihistamines	135	31.2
Antibiotics	55	12.7
Allergy medications	54	12.5
Stimulants (ADD/ADHD)	44	10.2
Asthma medications	27	6.2
Antidepressants	14	3.2
Nasal steroids	12	2.8
Proton pump inhibitors	12	2.8
Acne medications	9	2.1
Anti-inflammatory medications	8	1.8
Cough/cold medications	7	1.6
Psychotropics	6	1.4
Eczema/skin products	5	1.2
Infant formula	5	1.2
Antifungal medications	2	.5
Antispasmodic medications	2	.5
Antiviral medications	2	.5
Diabetes medications	2	.5
Gastric medications	2	.5
Headache medications	2	.5
Herbal treatments	2	.5
Weight loss medications	2	.5
Misc.(18 drugs each named once and 6 unreadable responses)	24	5.5
TOTAL	433	100%

SURVEY QUESTIONS:

This survey asks about your experiences and opinions regarding:

- 1) **Direct-to-the-consumer advertising for prescription drugs**, and
- 2) **Use of pediatric hospitalists**.

Please answer the questions by circling the number of the appropriate response or by filling in the blanks. If you feel this survey does not apply to you, we would appreciate your answering the demographic questions 1, 1a, and 20 through 24, and returning the survey to us.

- 1. During a typical complete workweek, how many hours per week do you spend in the following professional activities?** *If you do not spend any time in a particular activity, please indicate this by entering zero (0) hours in the appropriate space.*

Activity:	Hours:
Direct patient care (self-employed).....	_____
Direct patient care (other than self-employed)	_____
Administration	_____
Academic medicine.....	_____
Research	_____
Fellowship training	_____
TOTAL HOURS/WEEK	_____

- 1.a. Are you currently in a pediatric residency-training program?** Yes..... 1 No 2

The following questions apply to pediatricians who provide direct patient care (DPC).

If you do not provide DPC, please check the box ☐ and go to Q# 20.

DIRECT-TO-THE-CONSUMER ADVERTISING (DTCA) OF PRESCRIPTION DRUGS

The following questions refer to pharmaceutical advertisements for prescription drugs in the popular media (ie, radio, TV, print or Internet ad). They do not refer to information about medical conditions, diseases or drugs that parents/patients may obtain from Internet or library sources.

SURVEY QUESTIONS:

2. During the past 6 months, have you had a parent or patient, as a result of direct-to-the-consumer advertisement (DTCA) for prescription drugs:

	Yes	No	Unsure
Request treatment for a medical condition for which the patient had not been diagnosed.....	1	2	3
Ask about a change in treatment for an established diagnosis.....	1	2	3

3. During the past 6 months, have you ever had a patient/parent request a SPECIFIC DRUG (OR CLASS OF DRUGS) as a result of a direct-to-the-consumer advertisement (DTCA)?

Yes1 →
No2 → Go to Q#6
Unsure3 → Go to Q#6

3a. Approximately how many times? _____
3b. Which drug(s) or class of drugs? _____

4. During the past 6 months, approximately what percent of the time has such a request resulted in your prescribing the requested drug? *Enter a number or "0" of none.*

_____ % (of the time requested drugs were prescribed) → *If 100%, Go to Q#6*

5. If you did not prescribe the requested drug, did the patient/parent try to persuade you to change your mind about prescribing the drug?

Yes1
No2

SURVEY QUESTIONS:

6. During the past 6 months, have you ever had a parent/patient ask you to interpret or explain a drug advertisement?

Yes1
No2
Unsure3

7. When a patient/parent requests a specific drug for a diagnosed condition (and the drug is in the formulary), how much pressure to prescribe the drug do you usually feel?

A great deal of pressure1
Some pressure2
A little pressure3
No pressure4
Have had no patients/parents request a specific drug5

8. Overall, would you say your patients' awareness of various prescription drugs or medical conditions as a result of DTCA enhances, detracts from, or has no effect on the quality of care in your practice?

Do not think patients are aware of DTCA00 → Go to Q#10
Greatly enhances quality of care1
Somewhat enhances quality of care2
Somewhat detracts from quality of care3
Greatly detracts from quality of care4
Has no effect on quality of care5

SURVEY QUESTIONS:

9. How strongly do you agree or disagree with the following statements regarding direct-to-the-consumer advertising (DTCA) for prescription drugs?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
DTCA induces patients to seek care for previously undiagnosed and untreated conditions	1	2	3	4	5
DTCA offers a mechanism to educate patients about health conditions and possible treatments	1	2	3	4	5
DTCA causes unnecessary office visits	1	2	3	4	5
DTCA encourages patients to take a more active role in their health care	1	2	3	4	5
There is sufficient time in most office visits to explain/interpret DTC drug advertising	1	2	3	4	5
DTCA diminishes the doctor-patient relationship by promoting products "prescribed" by the manufacturers	1	2	3	4	5
Patient expectations (or the perception of patient expectations) encourage physicians to issue prescriptions for DTC advertised drugs	1	2	3	4	5
DTCA leads to better treatment choices and care	1	2	3	4	5
When physicians do not prescribe the drug a patient has requested as a result of DTCA, patients may feel the physician is not responsive to them	1	2	3	4	5
Patients may question the physician's competence when advertising messages conflict with professional advice	1	2	3	4	5
In general, the risk/benefit information presented in DTCA of prescription drugs is well-balanced	1	2	3	4	5
FDA advertising guidelines/rules should require that consumers be given information on drug indications and efficacy as well as benefits and potential adverse effects	1	2	3	4	5
DTCA should be prescreened and approved by a governmental regulatory body	1	2	3	4	5

10. Do you think AAP publications directed towards parents should accept prescription drug advertisements for all drugs, only those labeled for pediatric patients, or should they not have any DTC prescription drug advertisements?

AAP publications directed towards parents should accept DTC advertisements for:

- All drugs..... 1
- Only those labeled for pediatric patients2
- Only those labeled for adult patients3
- Should not accept any DTC drug advertisements4
- No opinion5
